



Short Report

Interviewing survivors of near-lethal self-harm: A novel approach for investigating suicide amongst prisoners

Lisa Marzano BSc MSc (Postdoctoral Researcher) *, Adrienne Rivlin BA MPhil (Doctoral Candidate), Seena Fazel MBChB MRCPsych (Clinical Senior Lecturer), Keith Hawton DSc DM (Director)

University of Oxford, Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, United Kingdom

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ABSTRACT

In most countries, rates of suicide in prison are higher than those reported in the general population, and seemingly on the increase. Previous studies of factors contributing to suicide in prisons have largely been limited to analyses of the clinical and prison records of prisoners who have died by suicide. In this paper we reflect on the limitations of this approach. Drawing on illustrative case vignettes from ongoing research, we argue that interviewing survivors of near-fatal incidents of self-harm offers a potentially fruitful method to further our theoretical understanding of this growing problem, and inform relevant policy.

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1. Introduction

Suicide is a leading cause of death in prisons in most Western nations, including the US,¹ Australia^{2,3} and the UK.⁴ In all of these countries, rates of suicide in custody have been repeatedly shown to surpass those recorded in the general population.⁵ In England and Wales, a recent study showed that between 1978 and 2003 the age-standardised suicide rate in male prisons was five times higher than in men in the general population.⁶ This proportional excess may be even greater amongst women prisoners.^{3,7}

Despite the introduction of several policy initiatives to reduce the incidence of suicide and self-harm in prisons,^{8–10} the risk of suicide has not declined.^{6,11} In the last 10 years alone, more than 900 people have taken their own lives in prisons in England and Wales (Safer Custody Group, personal communication, November 2007). In the context of an ever expanding prison population,¹² absolute numbers of suicides are likely to increase further.

Reducing the incidence of suicide in custody is an important Prison Service and public health priority.^{10,13} To this aim, an understanding of the processes that lead to such disproportionately high rates of suicide, and the implications for suicide prevention policies, are required. However, in spite of a growing body of literature on the subject, the current evidence base remains limited, both in extent and methodology. Drawing parallels with studies of suicide in the community, in the following section we briefly discuss how the topic of prisoner suicide has been previously investigated. We

then proceed to consider the advantages of using a 'near-lethal self-harm' approach, and describe the most recent and comprehensive application of this novel methodology. Given the potential problems in making comparisons across different criminal justice systems,¹⁴ the focus of the following discussion is primarily on England and Wales. Nevertheless, and where appropriate, some international references are included.

2. Previous research on suicide in prisons: risk factors and 'psychological autopsies'

Research investigating suicides and self-inflicted deaths in prison has largely been based on examinations of the records of prisoners who have taken their own lives.^{15–17} Using routinely collected, cross-sectional data, a number of studies have attempted to develop a "profile of the suicidal prisoner",¹⁸ and identify individuals and groups who may be particularly 'at risk' of suicide in prison. However, differences in the definitions employed, the variable and often poor quality of prison medical records, and the limited use of case-control designs,^{19,20} mean that this profile remains incomplete. Moreover, many of the risk factors identified by this literature often co-occur, few of them are highly specific and, on the whole, they describe a large percentage of those in custody. As a result, these studies have tended to over-identify those who do not die by suicide and under-identify those who do, whilst arguably failing to address the question of what contributes to suicides in prisoners, and how these may be prevented.

Even when incorporating thorough and informative analyses of the circumstances surrounding individual deaths,¹⁶ this type of

* Corresponding author. Tel.: +44 0 1865 226201; fax: +44 0 1865 793101.

E-mail address: lisa.marzano@psych.ox.ac.uk (L. Marzano).

research has limited explanatory power, and also has some inherent shortcomings. The information collected to develop a 'psychological autopsy' profile of the deceased is inevitably retrospective and, unless a suicide note was retrieved, exclusively based on official records and inquiry of key informants.^{21,22} As such, it is open to problems of distorted and biased recall, and lack of access to information about personal issues and psychological mechanisms.²³

3. Investigating 'near-lethal' attempts and 'serious' self-harm

An alternative strategy to the study of suicide is to focus on near-lethal suicide attempts: attempts which were very nearly fatal had it not been for "rapid and effective pre-hospital care or other emergency treatment" or, in some cases, chance.²⁴ As well as representing an important clinical problem in their own right, near-lethal attempts appear to provide a valid proxy for completed suicides in research investigating the suicidal process and suicide prevention strategies.²⁵ This is supported by evidence that medically serious suicide attempters are epidemiologically very similar to those individuals who complete suicide,²⁶ and twice as likely as other suicide attempters to complete suicide.²⁷

As illustrated by the following case vignette (all included vignettes have been substantially modified to preserve anonymity), the main advantage of investigating near-lethal attempts is the ability to interview living individuals who have come as close as possible to dying by suicide. Although their accounts are also – perhaps inevitably – susceptible to recall and self-presentation biases, exploring "the subjective experiences of prisoners who self-harm [...] may provide important information about motivations for completed suicide".²⁸ As suggested by Blaikie,²⁹ it is the meanings and the interpretations, the motives and the intentions, that people use in their everyday life and that guide their behaviour.

Case 1

At the time of the interview, AB was 43 and serving a life sentence for murder. The son of alcoholic parents, he had had a disrupted upbringing, marked by several spells in local authority care. Having now lost almost all contact with family and friends, he described himself as a "loner" who preferred to keep interactions with other prisoners and staff to a minimum. Three weeks prior to the interview AB had attended a parole board which, if successful, would have meant being transferred to an open prison to begin the last phase of his sentence. The board's negative outcome, after much anxiety and anticipation, came as a great disappointment. Two days later this feeling was further exacerbated by a methadone relapse, after a long drug-free period. On that same evening AB took an impulsive overdose of paracetamol, stating that he had "simply had enough".

Had AB not survived this attempt, little would have been known about the environmental influences which – combined – had precipitated it. Often information of this sort will not appear on a prisoner's case notes, and may therefore be unavailable when investigating the possible motivations behind a self-inflicted death in custody. Interviewing prisoners whose life-threatening self-harm had not been fatal allows one to usefully gather this information. Indeed, in some instances, it may well provide the only opportunity for doing so.

In addition, interviewing individuals who have survived a potentially lethal incident of self-harm allows researchers to (a) investigate a broader range of contributory and protective factors, (b) gain an understanding of the psychological suicidal process (including the cognitive, affective and visual imagery processes that lead up to the decision to try to kill oneself), (c) examine psychological characteristics of subjects such as depression, hopelessness, self-esteem, hostility and impulsivity, and (d) follow-up participants to track persistence or changes in relevant character-

istics.²³ Just as importantly, this strategy can inform the development of effective, user-led policies.³⁰ The case vignette presented below further illustrates some of the advantages of using this methodology in a prison setting.

Case 2

CD was 27 when he attempted to take his own life in custody. A long-term drug user, he had served several short-term sentences for stealing, so many that he reported not being "fazed" by prison life.

Three weeks into his four month sentence, a routine blood test revealed that he was suffering from Hepatitis C. As he no longer injected drugs, CD deduced that he had contracted the disease when he was raped by another prisoner on an earlier sentence. Scared and shocked by this unexpected news, he also began to experience flashbacks of the sex attack, which he – and his drug use – had previously managed to "block out of [his] mind".

Two weeks later, when his diagnosis was confirmed, CD wrote a suicide note to his family, packed away all of his possessions, and tied a ligature to the window bars in his cell. By chance, a prison officer walked past CD's cell just as he was beginning to lose consciousness, and was able to rescue him.

CD had never previously self-harmed, attempted suicide or even contemplated doing so, either in prison or outside. Furthermore, like almost 70% of prisoners who take their own lives in custody,^{31,32} he had not been deemed to be 'at risk' of suicide at the time of his attempt. The opportunity to speak with him directly about this incident may thus not only increase our understanding of the factors and events that pose individuals at heightened risk of suicide, but also contribute to improving the identification and assessment of said risk in prisons. Moreover, CD suggested that the very experience of being involved in this type of research can be a positive one, as it allows prisoners to discuss issues and fears that they may not have previously disclosed.

However, and despite having been used with success in different settings and populations,^{25,33–35} this approach has been neglected in prison research. Although prisoner self-harm has been used as a proxy indicator for suicide, what may constitute a 'serious', 'severe' or 'near-lethal' incident has been variously and poorly defined, if at all. With a few notable exceptions,^{36,37} it is questionable, and often difficult to establish, whether the prisoners involved in these studies may be considered to be "virtual suicide victims".³⁸ Whilst it is important to avoid making artificial distinctions between different types and levels of self-harm, the study of such complex and dynamic behaviour(s) requires some clear and replicable criteria, which previous research has seldom included. The use of small samples, often drawn from only one population or one type of establishment, further limits the comparability and generalisability of these studies.

Another limitation of previous research on 'serious self-harm' in prisons is that, whilst focusing on factors associated with offending behaviour and the prison environment, it has tended to overlook the role of other clinical and psychological factors. Thus, notwithstanding noteworthy empirical and conceptual advances regarding social and environmental influences on prison suicide,^{39,40} theoretical models of the psychological process (or processes) involved remain under-developed. Also, despite numerous studies highlighting psychiatric morbidity as a possible risk factor for suicide in prisoners,^{41,42} previous research has mostly focused on reports of service use, rather than prevalence of disorder, or lacked the power to investigate specific diagnostic categories.

4. Current research on near-lethal self-harm in prisons

In an effort to address a number of the shortcomings of previous research, the authors are currently conducting the first comprehen-

sive study of near-lethal self-harm in a prison setting. Replicating and expanding on earlier pilot work carried out by the Safer Custody Group,^{36,37} this three-year project aims to explore some of the questions and risk factors that prison-based research has traditionally overlooked.

Using case-control methodology, 60 male and 60 female prisoners over the age of 18 who have carried out near-lethal suicide attempts are being interviewed within a month of the act and assessed on psychiatric, psychological and social measures. Similar interviews are being carried out with 120 matched controls. The inclusion of a sample of 29 establishments, and the matching of participants based on prison-related as well as demographic factors, are also permitting investigation of a wide range of ecological factors, and contributing to producing findings that may be generalised to the whole prison estate in England and Wales. The use of standardised and validated psychological and psychiatric instruments, and the development of clear criteria for the selection of 'near-lethal cases' and controls, will assist in enhancing the replicability of the study's findings, both in the UK and internationally.

The decision to rely on the physical danger and consequences of an act as identifiers of a 'near-lethal' attempt will further enhance the comparability of research findings. First, this approach is in line with that used in previous investigations of near-lethal self-harm in the community.^{25,33} Secondly, by not relying on measurement of suicidal intent (which is notoriously difficult to define or quantify), it provides a more clear-cut measure, and effectively includes in the study those individuals whose fatal or near-fatal injuries may not have been motivated by suicidal intentions. Cases like the one detailed below may be relatively common in prisons, where means to self-harm are especially restricted.

Case 3

EF was in her late thirties and serving her third sentence for robbery. Throughout her life she had experienced domestic violence and sexual abuse, and suffered from recurrent depressive episodes and agoraphobia. Both in prison and outside she had engaged in self-cutting on several occasions, sometimes under the influence of voices and hallucinations.

In the week prior to the interview EF had made a deep cut to her left arm with a razor blade, resulting in significant blood loss, loss of consciousness and hospitalisation. Her self-injury had been seemingly precipitated by a confrontation with another prisoner, which had left her feeling angry and upset, and triggered memories and images of the violence she had suffered for years at the hands of her partner. Frustrated at not having been able to "walk away from it", she had gone back to her cell and made her "preparations" for self-harming. The initial flow of blood was met with relief and a "nice feeling", which had persuaded her to "bleed a little bit longer than normal and then get on my bell". However, when she did eventually attempt to reach her alarm bell, EF was too weak to do so and begun having convulsions and vomiting. Fortunately she was found soon after by staff, resuscitated and taken to hospital, where she received treatment and recovered well.

Although EF had once before attempted to take her life in custody, this incident had not, by her own admission, been motivated by suicidal intentions (her Beck Suicidal Intent Scale score was only 4), but by a desire to "get rid of the frustration" and "go to sleep". Her miscalculating "how much blood you can lose" 'safely' is an important reminder that many self-inflicted deaths in custody may be unintentional, and thus that those individuals whose near-fatal self-harm is not seemingly suicidal should also be included in research – and policy initiatives – aimed at reducing suicides in prisons.

Nevertheless, to monitor the possibility that physical danger may not adequately or sufficiently define the group of subjects

most closely related to suicide, we will compare the patterns of methods included in the analyses against those used in actual self-inflicted deaths in prisons. We will also follow-up all participants to identify any deaths in custody and after leaving prison. This may also help to identify a particularly high risk group for suicide within those individuals who have engaged in near-fatal self-harm.

Although not an inclusion criterion for the study, the suicidal intentions of participants who have survived a near-lethal attempt are also being explored, using the Suicide Intent Scale⁴³ and a semi-structured interview schedule. Qualitative data about suicidal feelings, countering thoughts and trigger events will complement quantitative analyses of the relationship between particular risk factors and suicide. This will provide a richer and more complex understanding of the meaning(s) and significance of different associations, and of the psychological processes that may underlie, mediate or moderate fatal and near-fatal attempts. Eliciting these subjective accounts in the (semi)private context of a one-to-one interview also permits exploration of issues of which others may be unaware, and enables the researchers to directly monitor the (immediate) effects – positive or negative – of participating in the study.

5. Conclusions

Previous research on suicide in prisons may be located within two main conceptual and methodological paradigms. On the one hand, studies examining the relationship between particular risk factors and suicide; on the other, ethnographic accounts of the experiences of prisoners deemed to be at risk of suicide. A case-control study of near-lethal attempts may be able to effectively bridge these two research traditions. This approach enables examination of a comprehensive range of risk and protective factors, whilst maintaining an emphasis on individuals' own accounts and interpretations of their role(s) in the aetiology and prevention of suicides in prisons. As we have shown in these three vignettes, interviewing survivors of potentially fatal self-harm allows researchers to explore the role of environmental influences that are unlikely to be discussed in medical notes, and to understand the motivations and needs of suicidal prisoners, despite a previously low or unidentified suicide risk. At the same time, it permits exploration of incidents which were very nearly fatal, but not apparently motivated by suicidal intentions.

A prison-based study that applies this methodology in a comprehensive manner is currently underway in England and Wales. We anticipate that its findings will have implications for suicide prevention practices and mental health service provision in English and Welsh prisons and elsewhere.

Conflict of interest statement

None declared.

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Ethical approval

This study was given a favourable ethical opinion for conduct on 21st February 2007 by the Thames Valley MREC (Ethics No. 06/MRE12/83).

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